TOTAL CLAIMS  FOR  NUMBER FILED  NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS  INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  TYPE  RATE  ALIGN  OR  X\$18=  X40= /20  OR  X80=  +135= /35  OR  TOTAL  OR  TOTAL	710.00
TOTAL CLAIMS  FOR  NUMBER FILED  NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS  NUMBER FILED  NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS  NUMBER FILED  NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS  NUMBER FILED  NUMBER EXTRA  X\$ 9= \$\frac{420}{20}\$ OR X\$18=  X40= \$\frac{120}{20}\$ OR X80=  *If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL \$\frac{1/03}{1/03}\$ OR TOTAL	FEE 710.00
FOR NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS /	710.00
TOTAL CHARGEABLE CLAIMS /	
INDEPENDENT CLAIMS 6 minus 3 = 2  MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL 1/05 OR TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2  **TOTAL   1/0/5 OR   X80=   1/3 OR	
* If the difference in column 1 is less than zero, enter "0" in column 2  **TOTAL   1965 OR TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL	
9/3/4 CLAIMS AS AMENDED - PART II OTHE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R THAN
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL	ENTITY
REMAINING NUMBER PRESENT ADDI-	ADDI- TIONAL FEE
AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL  Total  Independent  Minus  TOTAL  TOTAL  Minus  TOTAL  Minus  TOTAL  TOTAL  Minus  TOTAL  TOTAL  Minus  TOTAL  TOTAL  TOTAL  Minus  TOTAL  TO	
Independent • Minus // X40= OR X80=	
+135= OR +270=	
TOTAL TOTAL ADDIT. FEE OR ADDIT. FEE	
(Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AMENDMENT Total Total Independent Minus  HIGHEST NUMBER PREVIOUSLY PAID FOR  TOTAL  Minus  ***  ***  ***  ***  ***  ***  ***	ADDI- TIONAL FEE
Total • Minus • = X\$ 9= OR X\$18=	
Independent • Minus ••• = X40= OR X80=	
+135= +270=	
TOTAL OR TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)	
CLAIMS HIGHEST NUMBER PRESENT EXTRA RATE TIONAL RATE  AMENDMENT PAID FOR FEE	ADDI- TIONAL FEE
Total • Minus • = X\$ 9= OR X\$18=	
Total   Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
Total Minus	

Application or Docket Number